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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/396,531	09/15/1999	RANDALL A. ADDINGTON	99-1001	7582
24253	7590	01/13/2009		
JOEL I ROSENBLATT 445 11TH AVENUE INDIALANTIC, FL 32903			EXAMINER PIERCE, WILLIAM M	
			ART UNIT 3711	PAPER NUMBER
			MAIL DATE 01/13/2009	DELIVERY MODE PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.



UNITED STATES PATENT AND TRADEMARK OFFICE

Board of Patent Appeals and Interferences

JOEL I ROSENBLATT
445 11TH AVENUE
INDIALANTIC, FL 32903

Appeal No: 2008-6218
Appellant: RANDALL A. ADDINGTON, W. ROBERT
Application No: ADDINGTON, W. ROBE RT ADDINGTON II et al.
Hearing Room: 09/396,531
Hearing Docket: A
Hearing Date: A
Hearing Time: Tuesday, March 17, 2009
Location: 09:00 AM
Madison Building - East Wing
600 Dulany Street, 9th Floor
Alexandria, Virginia 22313-1450

**NOTICE OF HEARING
CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

BPAI HEARINGS FAX No: (571) 273-0299

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: () HEARING ATTENDANCE CONFIRMED () HEARING ATTENDANCE WAIVED

Signature of Attorney/Agent/Appellant

Date

Registration No.

Names of other visitors expected to accompany counsel:

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